

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE **REV. 1/90**IN UNITED STATES ☒ JUDGE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

CASE OF

W

vs

Zainab

FOR

NS

AT

NWK

LOCATION NUMBER

PERSON REPRESENTED (Print your full name)

Poss CDs, Para

CHARGE/OFFENSE (Describe if applicable & check box: →)

in MV

☐ Felony
☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify):

DOCKET NUMBERS

Magistrate

15-9323

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed										
	Name and address of employer: <u>Longchamp Garden State Plaza Shopping Center</u> IF YES, how much do you earn per month? \$ <u>1400</u> IF NO, give month and year of last employment _____ How much did you earn per month \$ _____										
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____										
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED _____ SOURCES _____ IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____										
CASH	Have you any cash on hand or money in savings or checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>250</u>										
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE VALUE AND \$ DESCRIBE IT <table border="1"> <thead> <tr> <th>VALUE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____	_____
VALUE	DESCRIPTION										
_____	_____										
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DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <input type="checkbox"/>	List persons you actually support and your relationship to them <u>I help out my parents</u>	
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS INCLUDING BANKS LOAN COMPANIES CHARGE ACCOUNTS ETC.)	APARTMENT OR HOME: <u>apart</u>	Creditors	Total Debt	Monthly Pay
	<u>Barclay</u>		\$ <u>200</u>	\$ <u>105</u>
	<u>student loans</u>		\$ <u>1900</u>	\$ <u>100</u>
	<u>Wardstrom</u>		\$ <u>30,000</u>	\$ <u>20</u>
			\$ <u>2,600</u>	\$ <u>100</u>

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

11/18/15

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.